



POLICY & PROCEDURE

DEPARTMENT: Emergency Management – EOP Annex		NUMBER:	EOP Annex.20
Infectious Disease Surge Plan		ORIGINATED:	9/19
		REVISED:	
		REVIEWED:	
APPROVALS			
Responsible Person: Director Environmental Health and Safety	Approved by: EOC Date: 9/19	Approved by: Medical Executive Committee Date: 11/19	
Approved by: Emergency Management Date: 9/19	Approved by: Quality & Safety Date: 11/19	Approved by: Board of Trustees Date: 11/19	

Mission: Organize and coordinate supplies, staff, and hospital operations during the outbreak of an infectious disease impacting the community served.

Purpose & Scope - Why to use this Annex:

During activations of the Emergency Operations Plan and Emergency Response Plans, adaptation of the medical surge plan to increase screening for and caring for patients with infectious disease while guiding staff personal protective measures sand environmental sanitation practices as well as modifications of normal patient care activities and locations of care as needed

Control Objectives:

<input type="checkbox"/>	Locate and inventory of emergency supplies and equipment on hand to include Personal Protective equipment, and environmental services cleaning and disinfection supplies.
	Assess Incident impacts and needs(Volumes, Staffing, Supply needs, medications and clinical services), as well as Public health and CDC guidance with support from Infection control
<input type="checkbox"/>	Compare supplies and equipment on hand to needs of emergency. Report findings to the Hospital Command Center (HCC).
<input type="checkbox"/>	Plan for future needs based on patient volumes and projections for the next 96 hours. Coordinate plan with the HCC and Logistics Chief (or designee).
<input type="checkbox"/>	Adjust Emergency Department and hospital operations to accommodate increased demand for services and provide support to the clinical areas being impacted by the increased demand for care and services.
<input type="checkbox"/>	Communicate and coordinate with County Emergency Management and Public Health authorities as well as State and CDC for guidance on patient case definition, treatment and protective measures.
<input type="checkbox"/>	Prepare for potential volume of fatalities as a result of the medical surge event and accommodate placement and storage in a safe and dignified manner while also coordinating with County EM Department and County Health Department /Coroner for guidance and support in disposition of bodies as well as family notification and reunification.

POLICY & PROCEDURE

Stage I - Alert	Minor Impact	Possible Actions Assumes Potential or Actual Event		
Hospital Incident Command			Time	Initials
<input type="checkbox"/> Manager on duty (MOD) or Clinical Supervisor assumes Hospital Incident Commander role until relieved. <ul style="list-style-type: none"> ○ Call the Administrator on-call (AOC) if available during the daytime. ○ All tasks remain with the Incident Commander until delegated away. 				
<input type="checkbox"/> Activate the Emergency Operations Plan (EOP) and any other pertinent Incident Annexes, tools and documents: <ul style="list-style-type: none"> ○ Assumes 1st Steps, Hospital Command Center, and Communications Annexes are being or have been activated. 				
<input type="checkbox"/> Continue to gather information/intelligence on situation: <ul style="list-style-type: none"> ○ What was the scope and magnitude of the outbreak? ○ How will this affect staff and hospital safety and operations? ○ What supplies will be needed to respond and recover? 				
<input type="checkbox"/> Appoint Logistics Section Chief to coordinate Supplies, Staff Support, and Transportation: <ul style="list-style-type: none"> ○ Service Branch Director ○ Support Branch Director 				
<input type="checkbox"/> Establish Incident Objectives, Operational Periods, and Incident Action Plan (IAP), as well as routine briefings with Command Staff and Section Chiefs.				
<input type="checkbox"/> Schedule regular briefings to update the response and reevaluate objectives. <ul style="list-style-type: none"> ○ Consider every hour (to the closest 15-minute interval such as on the hour, quarter hour etc.) initially, then every operational period once stabilized. 				
<input type="checkbox"/> Direct personnel with assigned HICS positions to document all key activities, actions, and decisions on HICS Form 214 Operational Log.				
<input type="checkbox"/> Ensure staff are notified of Stage I Alert using the following methods: <ul style="list-style-type: none"> ○ Overhead page. ○ Briefing to the HCC staff. ○ Ensure a concise message is composed in collaboration with the Public Information Officer and sent with the Incident Commander's approval. ○ Consider using HICS Form 213 Incident Message Form for messages. ○ Consider using email, runners, or other method, as appropriate. 				
<input type="checkbox"/> Communicate with other healthcare facilities to determine:				



POLICY & PROCEDURE

Stage I - Alert	Minor Impact	Possible Actions Assumes Potential or Actual Event		
<ul style="list-style-type: none"> ○ Situation status ○ Surge capacity and capability ○ Patient transfer/bed availability ○ Ability to loan needed equipment, supplies, medications, personnel, etc. 				
Operations			Time	Initials
<input type="checkbox"/> Continue patient care and essential services.				
<input type="checkbox"/> Initiate actions to depopulate emergency department and ICUs to create capacity for influx of patients by expediting placement of admitted patients.				
<input type="checkbox"/> Expand roles, as needed: <ul style="list-style-type: none"> ○ Medical Care Branch ○ Infrastructure ○ Security 				
<input type="checkbox"/> Direct departments to implement their Primary Response Guides: <ul style="list-style-type: none"> ○ Gather all Rapid Department Assessment Forms. 				
<input type="checkbox"/> Assess current information from County and State Public health as well as CDC as guided by RCH Infection Control for: <ul style="list-style-type: none"> ○ Case definition for screening ○ Staff PPE and protective measures (Medical Prophylaxis) suggested ○ Treatment Modalities, medications, supplies and equipment ○ Non-medical interventions to include social distancing, no visitation, etc. 				
<input type="checkbox"/> Determine if personnel and resources are available to successfully complete the Incident Action Plan. If not, contact Logistics to request additional personnel or resources.				
<input type="checkbox"/> Assess patients at risk and prioritize care and resources, as appropriate.				
Planning			Time	Initials
<input type="checkbox"/> Establish Incident Objectives, Operational Periods (consider 6 hours), and the Incident Action Plan (IAP), in collaboration with the Hospital Incident Commander.				
<input type="checkbox"/> Update and revise the Incident Action Plan as directed by the HIC.				
<input type="checkbox"/> Develop and publish the Incident Action Plan using the following forms: <ul style="list-style-type: none"> ○ HICS Form 201 – Incident Briefing ○ HICS Form 202 – Incident Objectives ○ HICS Form 203 – Organizational Assignments List ○ HICS Form 204 – Branch Assignment List ○ HICS Form 261 – Incident Action Plan Safety Log 				

POLICY & PROCEDURE

Stage I - Alert	Minor Impact	Possible Actions Assumes Potential or Actual Event		
		<input type="checkbox"/> Institute patient, bed, personnel, and material tracking and project future needs for up to 96 hours, in 12 to 24 hours operational periods.		
		<input type="checkbox"/> Assure Paragon Tracking Board is being used throughout the facility. <ul style="list-style-type: none"> ○ If Tracking Board is unavailable direct departments to Use HICS Form 254 – Disaster Victim & Patient Tracking Form 		
		<input type="checkbox"/> Account for all staff and volunteers in the facility: <ul style="list-style-type: none"> ○ Direct all departments to perform a roll call of staff and volunteers in their area. ○ Report roll call to Planning Chief or designee. <ul style="list-style-type: none"> ▪ For staff, use HICS Form - 252 Time Sheet ▪ For volunteers, use HICS Form – 253 Volunteer Registration List 		
		<input type="checkbox"/> Assure proper documentation of actions, decisions, and activities using HICS forms and internal documents. All Departments should be using (at a minimum); <ul style="list-style-type: none"> ○ HICS Form 204 – Branch Assignment List – document roles and assignments ○ HICS Form 213 – Incident Message Form – when communications are down ○ HICS Form 214 – Operational Log – document unit’s actions ○ HICS Form 252 – Personnel Time Sheet – track personnel coming on duty if usual method is unavailable 		
		<input type="checkbox"/> Conduct a hospital census and identify potential discharges, in coordination with Operations section.		
		<input type="checkbox"/> Inform staff, patients and families of situation status and provide regular updates as authorized by Hospital Incident Commander.		
		<input type="checkbox"/> Monitor weather conditions as well as community events scheduled that could increase spread of outbreak.		
		<input type="checkbox"/> Plan for potential increased volumes of fatalities and morgue operations.		
		<input type="checkbox"/> Plan for demobilization and system recovery plan.		
Logistics			Time	Initials
		<input type="checkbox"/> Expands roles as needed: <ul style="list-style-type: none"> ○ Supplies Unit – Acquire, maintain, and provide equipment, pharmaceuticals and supplies as identified by infection control above ○ Facilities Unit – Manage and support building systems and equipment. 		

POLICY & PROCEDURE

Stage I - Alert	Minor Impact	Possible Actions Assumes Potential or Actual Event		
		<input type="checkbox"/> Anticipate an increased need for supplies, equipment, medications and personnel and obtain and distribute to sustain operations. <ul style="list-style-type: none"> ○ Consider directing units to call in additional staff, or “staff up” based on volumes and patient acuity, as directed by Hospital Command. ○ Continue to obtain needed supplies, equipment and medications to support patient care activities for a 96-hour period. ○ Inventory onsite supplies, medications and compare to required supplies. ○ Prepare to report inventory and needs to the HCC, including identification of sources for resupply. Include resources and assets that can be shared. 		
		<input type="checkbox"/> Consider activating the Labor Pool at _____ (normally in Conference Room 1&2) <input type="checkbox"/> Prepare a list of available personnel and be prepared to deploy them as needed. <ul style="list-style-type: none"> ▪ Use HICS Form 252 – Time Sheet 		
		<input type="checkbox"/> Coordinate solicited and unsolicited volunteers. Consider confidentiality when assigning outside volunteers. <ul style="list-style-type: none"> ○ Assure they agree to our confidentiality agreement. 		
		<input type="checkbox"/> Provide staff support. <ul style="list-style-type: none"> ○ In coordination with the HCC, consider implementing plan for housing staff: <ul style="list-style-type: none"> ▪ Identify number of staff to be housed. ▪ Plan for and implement plan for food and water for housed staff ▪ Plan to house staff, consider using open patient beds, the Medical Office Building, or Conference Rooms 		
		<input type="checkbox"/> Assist with staff communication needs. Coordinate with HCC.		
		<input type="checkbox"/> Maintain utilities and communications. <input type="checkbox"/> Activate alternate systems, as needed.		
		<input type="checkbox"/> Transportation: <ul style="list-style-type: none"> ○ Plan for transportation needs and review available resources. ○ Prepare to implement alternative transportation services for staff if public transit impacts occur 		
Finance			Time	Initials
		<input type="checkbox"/> Prepare to establish a disaster cost center: <ul style="list-style-type: none"> ○ Provide notification and/or just-in-time training to effected units 		

POLICY & PROCEDURE

Stage I - Alert	Minor Impact	Possible Actions Assumes Potential or Actual Event		
		<input type="checkbox"/> Facilitate procurement of needed supplies, equipment, medications, and contractors to meet patient care and facility needs.		
		<input type="checkbox"/> Track all costs and expenditures of the response and estimate lost revenues due to response.		



POLICY & PROCEDURE

Stage II - Full	Major Impact	Possible Actions to Take Assumes Actual Event		
ACTIONS for EACH STAGE SHOULD BE REASSESSED AT LEAST EVERY OPERATIONAL PERIOD				
Hospital Incident Command			Time	Initials
<input type="checkbox"/> Continue to gather information/intelligence on situation.				
<input type="checkbox"/> Evaluate hospital's ability to provide safe patient care, while adjusting operational priorities to support access to care, rapid stabilization and relocation of patients from ED to other care areas to assure ED capacity is supported for additional patient arrival. Consider expansion of ED operations to adjacent surge areas.				
<input type="checkbox"/> Update and revise the Incident Action Plan with additional information in collaboration with the Planning Chief.				
<input type="checkbox"/> Determine timeline and criteria for discontinuation visiting hours; non-essential services and procedures and other services. <input type="checkbox"/> Implement as triggers are met.				
<input type="checkbox"/> Notify hospital Board of Directors, President/Chief Executive Officer and other internal authorities of situation status.				
<input type="checkbox"/> Continue to evaluate facility operations for safety and hazards and take immediate corrective actions.				
<input type="checkbox"/> Communicate with other healthcare facilities to determine: <ul style="list-style-type: none"> ○ Situation status ○ Surge capacity and capability ○ Patient transfer/bed availability ○ Ability to loan needed equipment, supplies, medications, personnel, etc. 				
<input type="checkbox"/> Communicate essential needs for staffing and supplies with law enforcement if roadway travel closures will affect staff reporting and supplies delivery to the facility.				
Operations			Time	Initials
<input type="checkbox"/> Continue patient care and essential services.				

POLICY & PROCEDURE

Stage II - Full	Major Impact	Possible Actions to Take Assumes Actual Event		
		<input type="checkbox"/> Prioritize support to ED and critical support / care as impacted by event patient population (clinics; critical care; diagnostics, etc.) with goals to maintain access to care, rapid stabilization and relocation of patients from ED to other care areas to assure ED capacity is supported for additional patient arrivals.		
		<input type="checkbox"/> Expand roles, as needed: <ul style="list-style-type: none"> ○ Medical Care Branch ○ Infrastructure ○ Security 		
		<input type="checkbox"/> Direct departments to implement appropriate measures to minimize spread and or exposure of disease to include: <ul style="list-style-type: none"> ○ Social Distancing ○ Frequent Hand washing ○ Use of PPE as directed ○ Compliance with guidance and measure for prophylaxis to potentially include vaccination or taking antivirals or antibiotics ○ Higher level sanitation practices ○ Other measures as guided by public health officials 		
		<input type="checkbox"/> Determine if personnel and resources are available to successfully complete the Incident Action Plan. If not, contact Logistics to request additional personnel or resources.		
		<input type="checkbox"/> Assess patients at risk and prioritize care and resources, as appropriate.		
		<input type="checkbox"/> Remove decedents from ED and care areas as quickly as possible to maintain capacities, allow proper handling, identification and holding of bodies for coroner/ mortuary service disposition.		
Planning			Time	Initials
		<input type="checkbox"/> Document operational periods, incident objectives and develop the Incident Action Plan (IAP), in collaboration with the Incident Commander: <ul style="list-style-type: none"> ○ Update and revise the Incident Action Plan 		
		<input type="checkbox"/> Determine personnel and resource needs for future operational periods based on input from other Section Chiefs.		

POLICY & PROCEDURE

Stage II - Full	Major Impact	Possible Actions to Take Assumes Actual Event		
		<ul style="list-style-type: none"> <input type="checkbox"/> Assure proper documentation of actions, decisions and activities using HICS forms and internal documents. <input type="checkbox"/> Direct all Departments to use (at a minimum); <ul style="list-style-type: none"> ○ HICS Form 204 – Branch Assignment List – document roles and assignments ○ HICS Form 213 – Incident Message Form – when communications are down ○ HICS Form 214 – Operational Log – document unit’s actions ○ HICS Form 252 – Personnel Time Sheet – track personnel coming on duty if usual method is unavailable 		
		<ul style="list-style-type: none"> <input type="checkbox"/> Conduct a hospital census and identify potential discharges, in coordination with Operations section 		
Logistics			Time	Initials
		<ul style="list-style-type: none"> <input type="checkbox"/> Supplies: <ul style="list-style-type: none"> ○ Plan for supply and equipment replenishment based on emergency: <ul style="list-style-type: none"> ▪ Plan for acquiring additional resources or assets ▪ Locate list of usual and additional vendors ○ Compare supplies and equipment on hand to needs of emergency. Report findings to HCC. ○ Coordinate supply needs with HCC. ○ Track emergency supply use and maintain established minimum levels, see attached supply list. 		
		<ul style="list-style-type: none"> <input type="checkbox"/> Staff Support: <ul style="list-style-type: none"> ○ In coordination with the HCC, consider implementing plan for housing staff, including families, if needed: <ul style="list-style-type: none"> ▪ Identify number of staff to be housed ▪ Plan for and implement plan for food and water for housed staff ▪ Plan to house staff, consider using open patient beds, the Medical Office Building, or Conference Rooms <input type="checkbox"/> Assist with staff communication needs. Coordinate with HCC. 		

POLICY & PROCEDURE

Stage II - Full	Major Impact	Possible Actions to Take Assumes Actual Event		
		<input type="checkbox"/> Transportation: <ul style="list-style-type: none"> ○ Evaluate transportation needs of staff, patients, and the media. ○ Coordinate internal and external traffic: <ul style="list-style-type: none"> ▪ Consider need to restrict parking or closing campus. ▪ Assure staff and media park in correct locations so access to hospital is not jeopardized. ○ Assign Security Branch to coordinate traffic control as needed. ○ Review transportation assets available and contact procedures: ○ Contact any transportation assets requiring advance notification. ○ As indicated, assign personnel to effect timely transports of decedents from clinical areas to Morgue or identified alternate morgue expansion space. 		
Finance			Time	Initials
		<input type="checkbox"/> Establish a disaster cost center, <input type="checkbox"/> Provide notification and/or just-in-time training to effected units		
		<input type="checkbox"/> Track financial information for later reconciliation and reimbursement.		

POLICY & PROCEDURE

Stage III - Recovery	Possible Actions Assumes Situation Stabilized		
Hospital Incident Command		Time	Initials
<input type="checkbox"/>	Establish priorities for restoring normal operations using the hospital's continuity of operations and business plans.		
<input type="checkbox"/>	Approve the demobilization plan and finalize the Incident Action Plan.		
<input type="checkbox"/>	Provide appreciation and recognition to solicited and non-solicited volunteers, staff, state, and federal personnel that helped during the incident.		
<input type="checkbox"/>	Communicate final hospital status and termination of the incident to MACE, local Emergency Operations Center, area hospitals and officials.		
<input type="checkbox"/>	Conduct final briefings for media, in cooperation with local Public Information Officers and the Joint Information Center (JIC), if activated.		
<input type="checkbox"/>	Continued family / patient reunification activities in coordination with County Emergency Management / Healthcare Coalition to include identification, notification and family reunification of the deceased.		
<input type="checkbox"/>	Notify families of readmitted patients or patients permanently transferred to other facilities.		
<input type="checkbox"/>	Close the patient information center, if activated.		
<input type="checkbox"/>	Communicate hospital status and final patient condition and location information to appropriate authorities (i.e., local and state public health, local EOC).		
<input type="checkbox"/>	Oversee the safe and effective restoration of normal services.		
Operations		Time	Initials
<input type="checkbox"/>	Restore normal patient care operations.		
<input type="checkbox"/>	Restore normal facility operations and visitation.		
<input type="checkbox"/>	Ensure completion of demobilization/system recovery duties.		
<input type="checkbox"/>	Discontinue ambulance diversion and visitor limitations, if necessary.		
<input type="checkbox"/>	Provide mental health and information about community services for patients and families.		
Planning		Time	Initials
<input type="checkbox"/>	Finalize Incident Action Plan (IAP) and demobilization plan. Coordinate with Hospital Incident Command.		

POLICY & PROCEDURE

Stage III - Recovery	Possible Actions Assumes Situation Stabilized		
	<input type="checkbox"/> Compile all documentation and forms for archiving. <input type="checkbox"/> Develop a final report of the incident and hospital response and recovery operations.		
	<input type="checkbox"/> Conduct debriefings/hot wash with the following: <ul style="list-style-type: none"> ○ Command and Section personnel ○ Administrative personnel ○ All staff ○ All volunteers 		
	<input type="checkbox"/> Write after-action report and improvement plan for approval by the Hospital Incident Commander to include the following: <ul style="list-style-type: none"> ○ Summary of the Incident ○ Summary of actions taken ○ Actions that went well ○ Areas for improvement ○ Recommendations for future response actions ○ Recommendations for correction actions 		
	<input type="checkbox"/> Ensure appropriate archiving of incident documentation.		
	<input type="checkbox"/> Close the patient information center, if activated.		
	Logistics	Time	Initials
	<input type="checkbox"/> Determine supplies used and plan for restocking, include: <ul style="list-style-type: none"> ○ Medical ○ Non-medical ○ Pharmaceutical 		
	<input type="checkbox"/> Report restocking needs to Hospital Command.		
	<input type="checkbox"/> Implement and confirm facility cleaning and restoration, including: <ul style="list-style-type: none"> ○ Structure ○ Medical equipment certification ○ Restore, repair and/or replace broken equipment 		
	<input type="checkbox"/> Return borrowed equipment after proper cleaning/disinfection.		
	<input type="checkbox"/> Restore normal non-essential services (i.e., gift shop, etc.).		
	<input type="checkbox"/> Ensure completion of demobilization/system recovery duties.		

POLICY & PROCEDURE

Stage III - Recovery	Possible Actions Assumes Situation Stabilized		
<input type="checkbox"/>	Conduct stress management and after-action debriefings and meetings for staff.		
<input type="checkbox"/>	Monitor health status of staff exposed to infectious patients and provide appropriate medical and mental health follow up, as needed.		
Finance		Time	Initials
<input type="checkbox"/>	Ensure receipt of all financial documentation to compile final reports and reimbursement claims.		
<input type="checkbox"/>	Compile final response expense reports. Submit to Hospital Incident Commander for approval and to appropriate authorities for reimbursement.		
<input type="checkbox"/>	Contact insurance carriers to assist in documentation of event and initiate reimbursement and claims procedures.		

Documents and Tools	
<input type="checkbox"/>	Hospital Emergency Operations Plan
<input type="checkbox"/>	Vendor List
<input type="checkbox"/>	Communications Plan
<input type="checkbox"/>	HICS Forms <ul style="list-style-type: none"> • HICS Form 213 – Incident Message Form • HICS Form 257 – Resources Accounting Record • HICS Form 256 – Procurement Summary
<input type="checkbox"/>	Emergency Supply List